	AUGUST 1991		Page 1 DMB No.: 0938-				
	STATE PLAN UNDER TIT	LE XIX OF THE SOC	IAL SECURITY ACT	r			
	State/Territory:	Kentucky					
	Premiums Imposed on Lo	w Income Pregnant	Women and Infa	nts			
Α.	The following method is used to determine the monthly premium imposed optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:						
	Not Applicable						
В.	B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):						
	Not Applicable						
*Description provided on attachment.							
	ersedes Approval Date N	OV 14 1994 Eff	fective Date	1-1-92			
TN 1	No. None	нсі	FA ID: 7986E				

Revision: HCFA-PM-91-4 (BPD)

ATTACHMENT 4.18-D

Nev.	iston.	AUGUST 1991	(BPD)	Page 2 OMB No.: 0938	
		STATE PLAN U	NDER TITLE XIX O	F THE SOCIAL SECURITY	ACT
		State/Territor	y: Kentuck	<u>y</u>	
с.	State	or local funds	under other prog	rams are used to pay f	or premiums:
		Yes	<u>/x</u> / №	lo	
D.	a pre	riteria used for mium because it ibed below:	determining whe would cause an u	ther the agency will w ndue hardship on an in	aive payment of dividual are
	Not	applicable			
		lon provided on	attachment.		
TN N Supe TN N	rsedes	92-1 Approval None	Date NOV 1419		1-1-92
				HCFA ID: 7986E	